

01-11-05

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 10/08/2004

Ingrid A Beattie  
 Mintz Levin Cohn Ferris Glovsky & Popeo  
 One Financial Center  
 Boston, MA 02111

01/13/2005 AWONDAF2 00000042 09743544

01 FC:2501 700.00 OP  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)

(Signature)

(Date)


APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/743,544	05/04/2001	Ronald A. Faris	21486-024 NATL	2853

TITLE OF INVENTION: LIVER STEM CELL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$685 \$700	\$0	\$685 \$700	01/10/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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WOITACH, JOSEPH T	1632	424-093700
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Mintz, Levin, Cohn, Ferris,

Glovsky and Popeo, P.C.

2 Ingrid A. Beattie

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

RHODE ISLAND HOSPITAL

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PROVIDENCE, RHODE ISLAND

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Ingrid A. Beattie

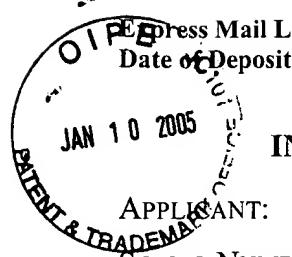
Date January 10, 2005

Typed or printed name Ingrid A. Beattie, Reg. No. 42,306

Registration No. \_\_\_\_\_

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Date of Deposit: January 10, 2005

Attorney Docket No. 21486-024 NATL

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT: Ronald A. Faris  
SERIAL NUMBER: 09/743,544  
FILING DATE: May 4, 2001  
FOR: LIVER STEM CELL

EXAMINER: Joseph T. Woitach  
ART UNIT: 1632

**MAIL STOP ISSUE FEE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Boston, Massachusetts  
January 10, 2005

**TRANSMITTAL LETTER**

Enclosed herewith are the following for the above-identified non-provisional patent application:

1. Issue Fee Transmittal (1 page);
2. Check No. 19884 in the amount of \$730.00 (\$700.00 Issue Fee, \$30.00 advance copies of patent);
3. Return postcard.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at telephone (617) 542-6000.

Applicant believes that no fees are due with this submission. However, the Commissioner is hereby authorized to charge any fee that may be due to Deposit Account No. 50-0311 (Reference No. 21486-024 NATL). A duplicate copy of this transmittal letter is enclosed.

Respectfully submitted,

  
Ingrid A. Beattie, Reg. No. 42,306  
Attorney for Applicant  
Telephone (617) 542 6000  
Fax (617) 542 2241

**Customer No.: 30623**